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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

M.P.D. SERVICES, INC.

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Certificate of Status	0
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Page Count	03
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

M.P.D. SERVICES, INC.

ARTICLE II PRINCIPAL RESIDENCE

The principal place of business and mailing address of this corporation shall be:

1430 SW 1ST STREET SUITE # 216 MIAMI, FL 33182

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any ent time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JESUS A. FRAGA 70 EAST 17TH STREET HIALEAH, FL 33010

ARTICLE V INCORPORATOR(S)

The name(s) and street address(ea) of the incorporator(s) to these Articles of Incorporation is(are):

JESUS A. FRAGA 70 EAST 17TM STREET HIALEAH, FL 33010

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JESUS A. FRAGA 70 EAST 17TH STREET HIALEAH, FL 33010

The undersigned incorporator(s) has(have) executed these Articles of Incorporation to 3 day of	rîs
Signature	ab to.
Signature	 .
Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:			
	M.P.D. SERVICES, INC.	-		ंक स्टब्
2.	The name and address of the registered agent and office is:	Z SSC	99 SEP	
	JESUS A. FRAGA	AHASS	_p -3	
	(Name)	H.C		
	70 EAST 17 [™] STREET	E SH SH SH SH	AM 7: 06	
_	(P.O. Box not acceptable)		90	
	HIALEAH, FL 33010			
_	(Clarifolista)			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE	aidi	Yes			
DATE 5/3/99					